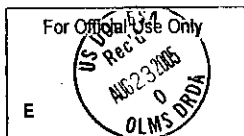


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13244</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>LAWRENCE</u> <u>S</u> <u>SAKAMOTO</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1440 W 172 ST.</u> City <u>GARDENA</u> State <u>California</u> ZIP Code + 4 <u>90247</u>	4. Name, file number, and address of labor organization. Name <u>INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS</u> Labor Organization File Number <u>000-197</u> P.O. Box, Building and Room Number, if any _____ Street <u>7154 COLUMBIA GATEWAY DRIVE</u> City <u>COLUMBIA</u> State <u>Maryland</u> ZIP Code + 4 <u>21046</u>
5. Position in labor organization. <u>REGIONAL DIRECTOR</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name \_\_\_\_\_  
Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

7.a. Nature of Interest, Transaction, or Income.

\_\_\_\_\_

7.b. Amount.

\_\_\_\_\_

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Lawrence S. Sakamoto

On

8-11-05

Date

310-516-1004

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name DEPRINCE, RACE &amp; ZOLLO

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 201 SOUTH ORANGE AVE, SUITE 850

City ORLANDO

State Florida

ZIP Code + 4 32801

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NATIONAL ELEVATOR INDUSTRY PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 19 CAMPUS BLVD, SUITE 200

City NEWTOWN SQUARE

State Pennsylvania

ZIP Code + 4 19073-3288

## 11.a. Nature of such dealing.

PENSION PLAN INVESTMENT MANAGER

## 11.b. Approximate dollar value of such dealing.

\$1,195,902

## 12.a. Nature of interest held or income received.

GOLF - 04/05/04 - 04/07/04; ROOM ACCOMMODATION -  
04/05/04 - 04/06/04; DINNERS - 04/05/06, 04/06/06

## 12.b. Amount.

\$547

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

## 14.b. Amount of payment.

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name NATIONAL ELEVATOR INDUSTRY EDUCATIONAL PRGM

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 11 LARSEN WAY

City ATTLEBORO FALLS

State Massachusetts ZIP Code + 4 02763-1068

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

SEE LM-30 ATTACHMENT

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

REIMBURSEMENT FOR BOARD OF TRUSTEES MEETINGS  
EXPENSES: 01/05/04 - 01/09/04, 02/18/04 - 02/22/04;  
08/31/04 - 09/02/04; 11/26/04 - 12/04/04

## 12.b. Amount.

\$7,514

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name THE SEGAL COMPANY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 116 HUNTINGTON AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02116-5744

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

ACTUARIAL AND CONSULTING SERVICES

11.b. Approximate dollar value of such dealing.

\$35,067

## 12.a. Nature of interest held or income received.

GOLF - 06/05/04

12.b. Amount.

\$99

### **LM-30 Attachment**

Name: Lawrence S, Sakamoto  
LM-30 File Number:

Ending date of report period: 12/31/04

#### **LM-30 Item Number**

- 11a Per direction provided by U.S. DOL OLMS, Part B includes reporting of transaction(s) including reimbursement of valid expenses by a trust in which the labor organization is interested as though the trust was a business. This guidance provides a trust's dealings with a labor organization include the trust's receiving contributions from employers obligated to fund the trust per collective bargaining agreements negotiated by the labor organization. While the guidance is unclear, other transactions may be deemed to constitute dealings with the labor organization, trusts, or employers reportable in 11b. Accordingly, no amount is reported in 11b.